

Campbell Union School District Parent/Guardian Volunteer Information Form

The Campbell Union School District recognizes the tremendous positive impact that volunteers make in enriching educational programs and greatly appreciates the contribution of your time and energy in this regard. In order to safeguard students, the identifying and background information is required of volunteers who work with and around students on District campuses.

Personal Information

Name: [Click or tap here to enter text.](#) **Phone Number:** [Click or tap here to enter text.](#)

Address: [Click or tap here to enter text.](#) **City:** [Click or tap here to enter text.](#)

State: [Click or tap here to enter text.](#) **Zip Code:** [Click or tap here to enter text.](#)

1. Student Name: [Click or tap here to enter text.](#) Teacher(s) Name(s): [Click or tap here to enter text.](#)
2. Student Name: [Click or tap here to enter text.](#) Teacher(s) Name(s): [Click or tap here to enter text.](#)
3. Student Name: [Click or tap here to enter text.](#) Teacher(s) Name(s): [Click or tap here to enter text.](#)

Have you ever been convicted of or are you waiting trial for any crime? Yes No
If yes, to, please submit (on a separate sheet) to Human Resources, a complete and accurate explanation of the circumstances pertaining to the crime. An answer of yes will not necessarily disqualify you from volunteering. Any information provided in connection with a "yes" response will be kept confidential.

Volunteer Interests and Availability

School: [Click or tap here to enter text.](#) Grade level(s) preference: [Click or tap here to enter text.](#)

Volunteer Interests: [Click or tap here to enter text.](#)

Availability (days/hours): [Click or tap here to enter text.](#)

Brief description of services you wish to provide: [Click or tap here to enter text.](#)

Consent and Certification

I consent to be fingerprinted for DOJ and/or FBI background check(s) and I certify that all statements made on this form and any related attachments are true and complete to the best of my knowledge.

Signature of Volunteer _____ Date _____

Signature of Principal _____ Date _____

Note: Volunteers may not provide services until this form is submitted, a current TB clearance is on file in the school's main office and final clearance granted by Human Resources. (Ed Code 49406) Volunteers shall act in accordance with district policies, regulations and school rules. (BP 1240)